

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	07/05/2018 13:42
Date Of Accident	04/05/2018 13:50
Exact Location Of Accident	PIE (TWDS UPP SERANGOON RD CTE ANG MO KIO)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJK5338S
Insured/Policyholder	
Name Of Registered Owner	MICRO CREDIT (CAR LEASING) PTE LTD
Co Reg No	200910504E
Email Address	GUANXIANG91@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81332996
Alternative Phone No	OFFICE-81332996

Vehicle Particulars

Manufacturer	HONDA
Model	-
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5091277285-01
Cover Note Number	

Driver

Name of Driver	TAN GUAN XIANG, GARY
NRIC No	S9130882G
Date Of Birth	02/09/1991
Occupation	INDOOR
Date Of Driving Pass	26/01/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81332996
Fax Number	
Contact Number	OTHERS-81332996
Email Address	GUANXIANG91@HOTMAIL.COM

Address	BLK 511 PASIR RIS STREET 52 #04-125
Postcode	510511
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM5468R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP YOU JIN, EUGENE
NRIC/Passport Number	S8530825D
Contact Number	96463941
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**


I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time:



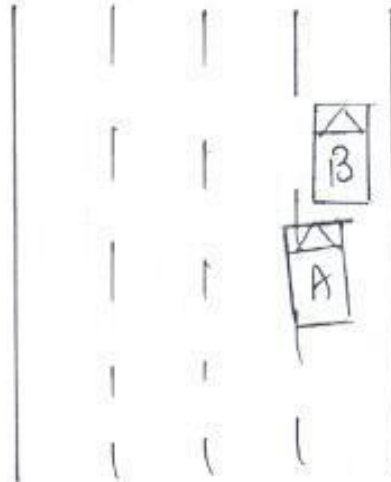

Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: ROBERT LAM
NRIC/FIN No: 9011055/2018

Sketch Plan #2

PIE (Towards Upp Serangoon Rd, CTE
(Ang Mo Kio)

SKETCH PLAN



A) SJK 5338S

B) SLM 5468R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT PIE (Towards Upp Serangoon rd, CTE (Ang Mo Kio) I was driving at lane 1, Suddenly third party (Nissan X-TRAIL) do a E-brake which caused me to brake and swerve left, but was not able to fully stop my vehicle on time which make me hit his left back of his car

DECLARATION

I/We declare that the foregoing particulars are true in every respect.

Policyholder

Date & Time:



Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Enquire Vehicle Registration Details

Owner Particulars

NRIC/Passport/Company Cert No.:	200910504E
Owner ID Type:	Company
Owner Name:	MICRO CREDIT (CAR LEASING) PTE. LTD.
Registered Address:	101 KITCHENER ROAD #03-03 JALAN BESAR PLAZA SINGAPORE 208511
Mailing Address:	-
Birth Date:	-

Vehicle Particulars

Vehicle No.:	SJK53385
Previous Vehicle No.:	-
Effective Date of Ownership:	23 Feb 2018
Original Regn Date:	24 Oct 2008
Registration Date:	24 Oct 2008
Year of Manufacture:	2008
	Private Hire (Chauffeur) Motor Car

Sketch Plan #4

Vehicle Type:	-
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	HONDA
Vehicle Model:	FIT 1.3G A
Primary Colour:	Yellow
Secondary Colour:	-
Passenger Capacity:	4
Chassis No.:	GE61074058
Engine No.:	L13A4082953
Engine Capacity / Power Rating:	1339 cc / -
Maximum Power Output:	73.0 kW (97 bhp)
Propellant:	Petrol
Max Unladen Weight:	1010 kg
Maximum Laden Weight:	1285 kg
Open Market Value:	\$11,830.00

Sketch Plan #5

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Oct 2018
Minimum PARF Benefit:	\$5,296.00
No. of Transfers:	4
IU Label No.:	1025858143
COE No.:	2008110101002975C
COE Expiry Date:	23 Oct 2018
COE Category:	A - Car (1600cc & below)
COE Registration Category:	A - Car (1600cc & below)
Quota Premium (QP) / Prevailing Quota Premium:	\$10,989.00 / -
Actual QP Paid:	\$8,725.00
QP (Regn Cat):	\$10,989.00
OPC Cash Rebate Eligibility:	No
QP during COE Bidding Exercise:	\$10,989.00
Additional Registration Fee Rate:	100.00 %
Actual ARF Paid:	\$10,592.00
Vehicle Lifespan Expiry Date:	No Lifespan

Sketch Plan #6

CO₂ Emission:

CO Emission:

HC Emission:

NO_x Emission:

PM Emission:

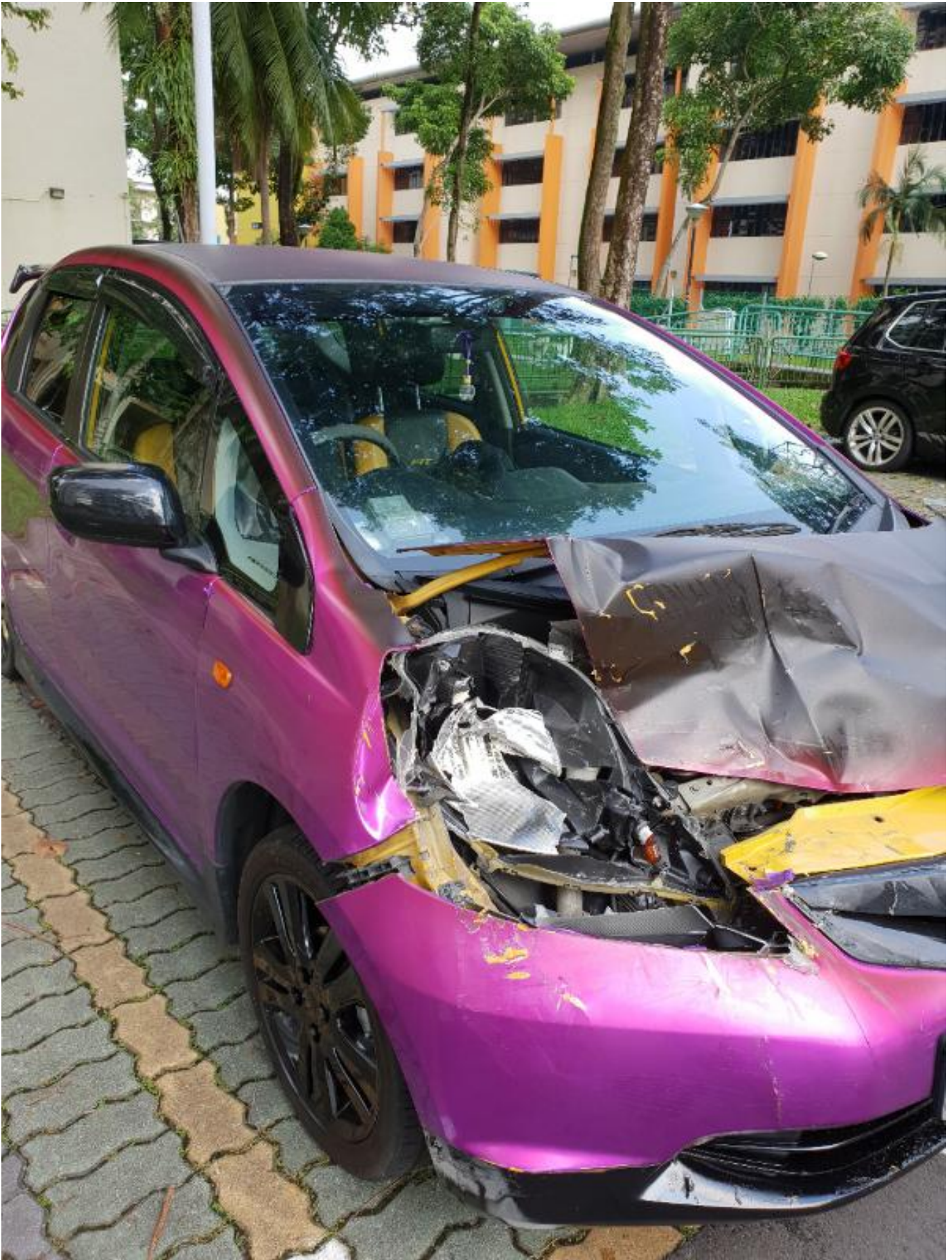
Message:

To renew the COE, the Prevailing Quota Premium payable is that of Category A. You are required to affix a pair of PHC decals on your vehicle windcreens at Authorised Inspection Centres within 3 calendar days, regardless of usage. The vehicle cannot be converted out until the decals have been affixed. This is a public service vehicle.

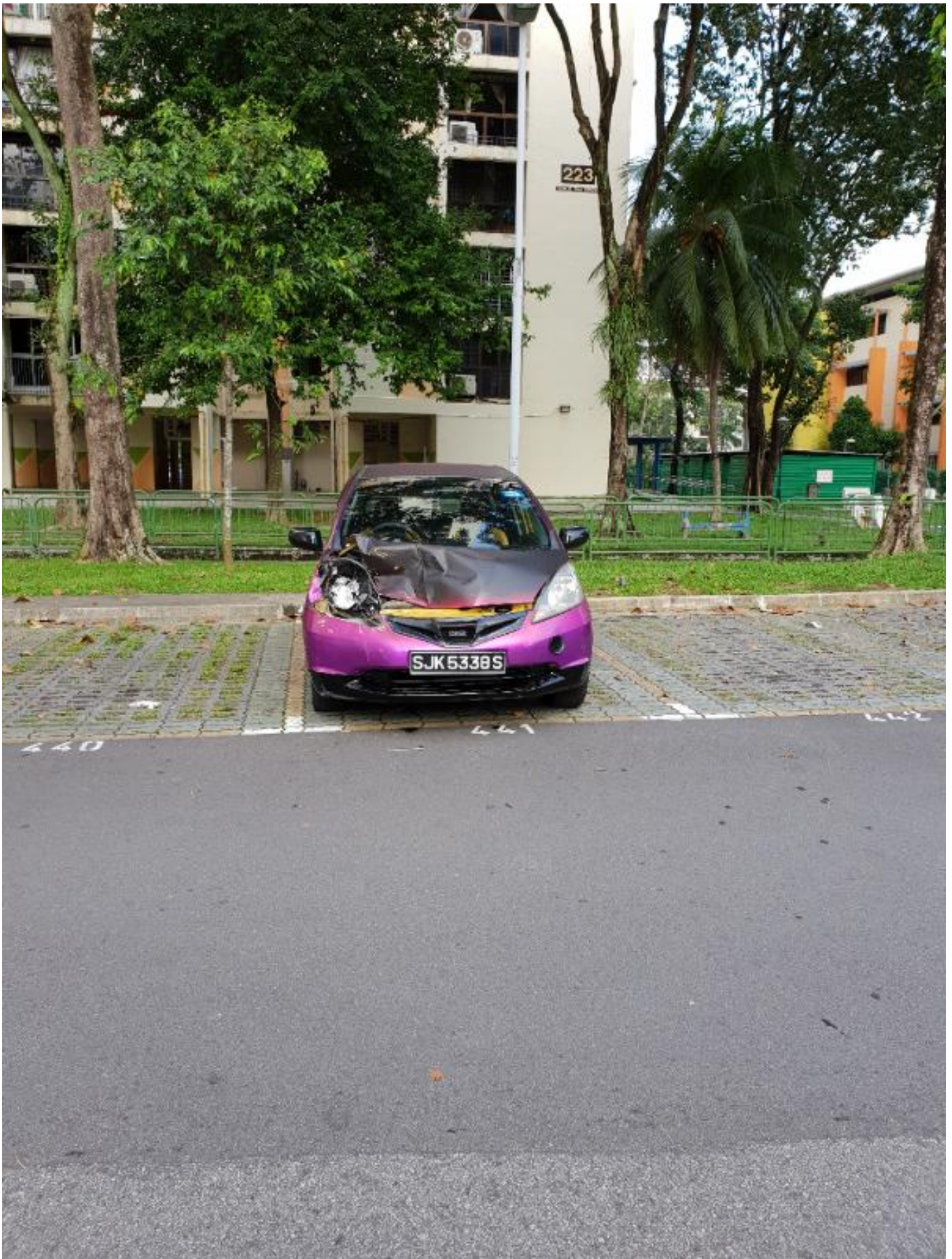
Accident Photo



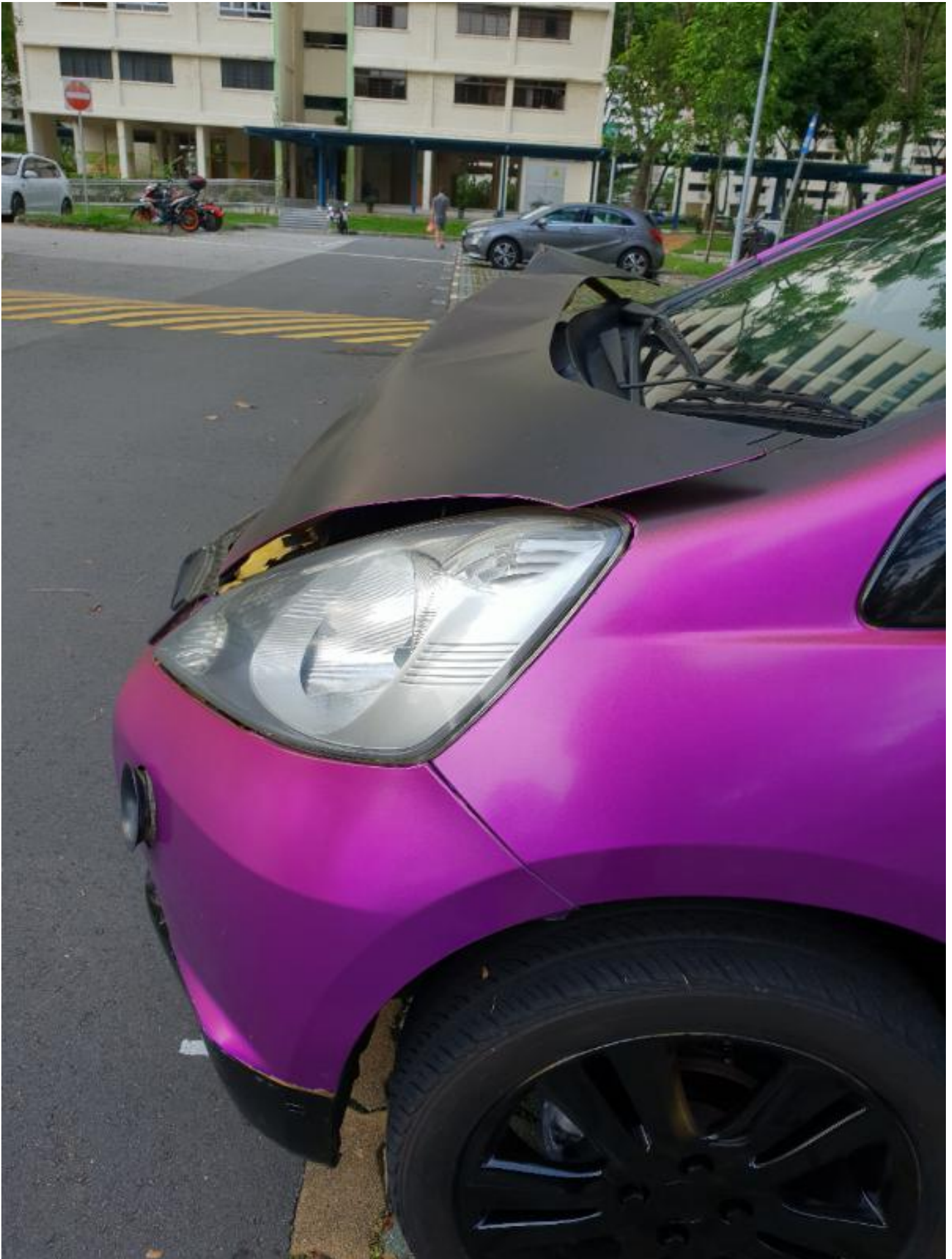
Accident Photo



Accident Photo



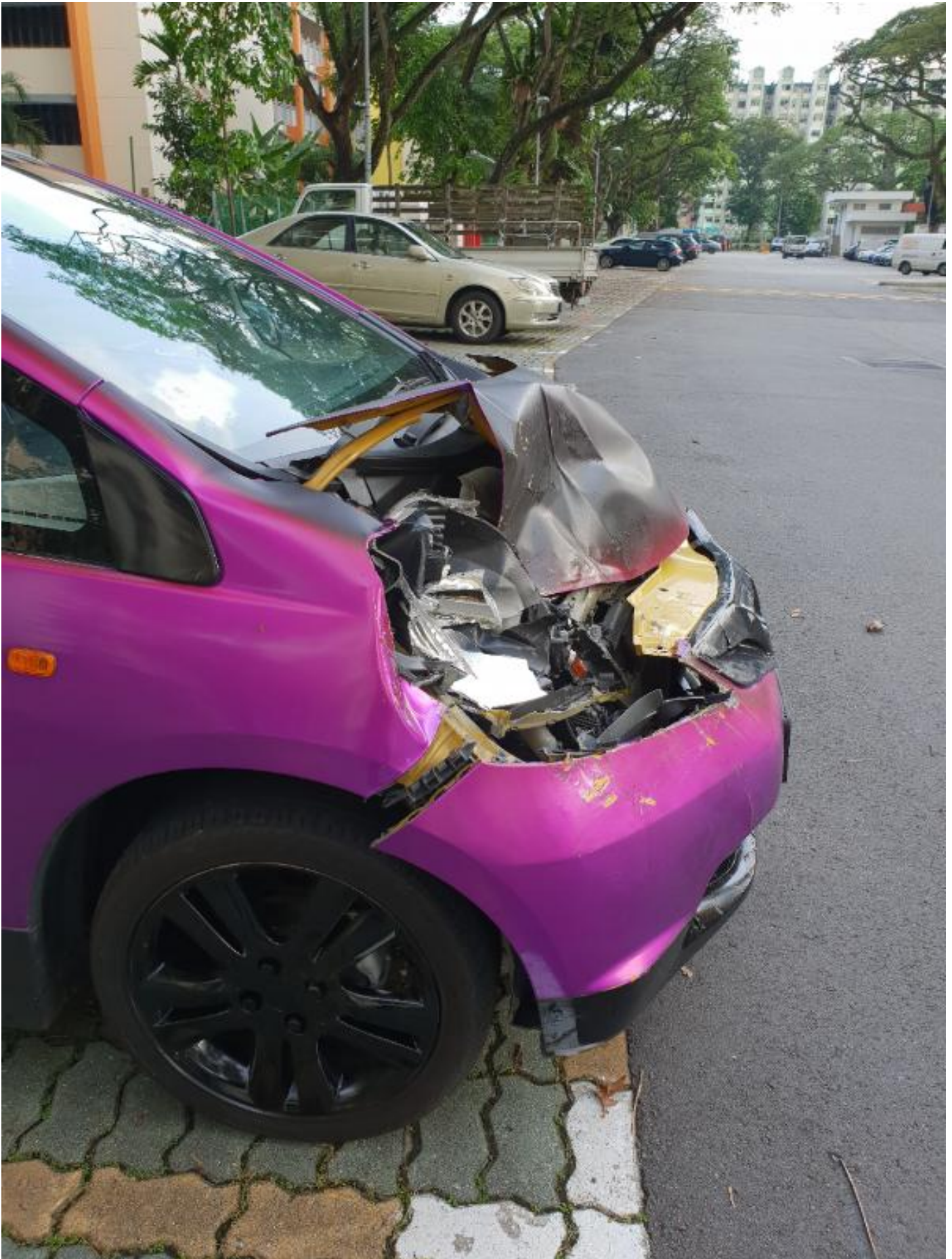
Accident Photo

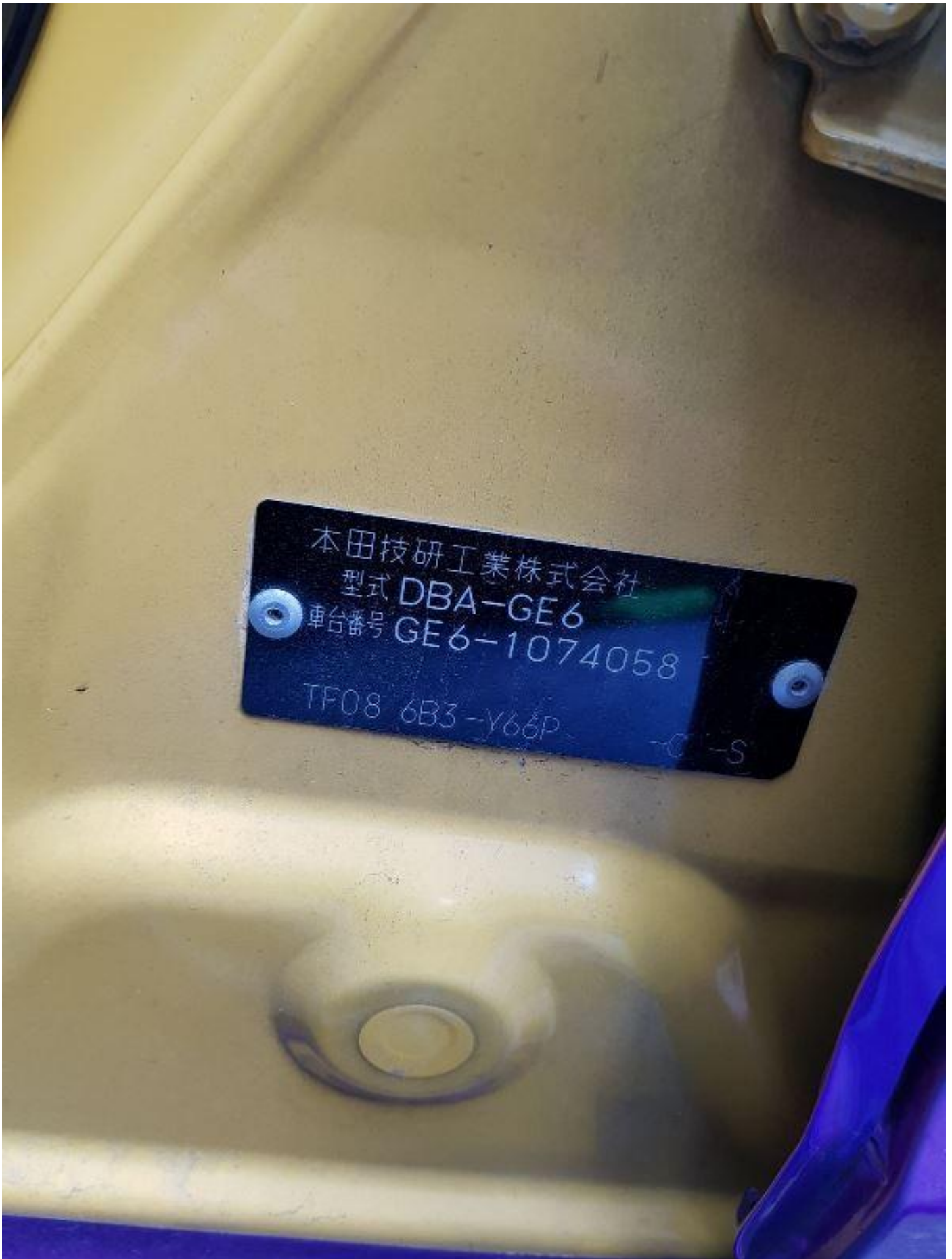


Accident Photo



Accident Photo





本田技研工業株式会社
型式 DBA-GE6
車台番号 GE6-1074058

TF08 6B3-Y66P

-C-S

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

